



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM (SFSP)

**Documentation of Training to Program Personnel**

<b>Name and Address of Sponsor</b>	<b>Date of Training</b>
<b>Name of Trainer(s)</b>	<b>Location of Training</b>

**Training Topics:**

Check the topics covered and list any additional. Topics listed are the minimum required.

- |  |  |
|--|--|
| <input type="checkbox"/> Purpose of the Program    | <input type="checkbox"/> Record-keeping      |
| <input type="checkbox"/> Meal Pattern Requirements | <input type="checkbox"/> Duties of a Monitor |
| <input type="checkbox"/> Site Eligibility          | <input type="checkbox"/> Civil Rights        |
| <input type="checkbox"/> Site Operations           | <input type="checkbox"/> Other _____         |

Attach additional pages if necessary or attach copy of training program outline.

Training Participant (print name)	Participant's Signature	Title	Name of Participant's Site